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I.

ON THE TREATMENT OF MALIGNANT ULCERS OF THE NOSE AND FACE. BY FRANCIS ADAMS, ESQ. SURGEON, BANCHORY.

IT must be admitted that the malignant ulcers on the face, to which the absurd name of *Noli me tangere* has been applied, are neither well defined, nor the principles of treatment satisfactorily laid down in modern works on surgery. They are generally stated to bear a considerable resemblance to the genuine carcinoma. Without doubt they possess a near alliance to the carcinomatous character, as has been pointed out by Celsus with a degree of acuteness and precision which it will not be found easy to equal, much less to surpass. He begins with the remark, that the parts most commonly attacked with the carcinoma are the face, the nose, the ears, the lips, and the female breasts; and that the liver and spleen are likewise sometimes affected. He then describes at considerable length the variety of appearances which it puts on. He adds, it begins at first as the cacoethes, then passes into the carcinoma without ulceration, and ends in the fungous ulcer. The result of every attempt to cure the genuine carcinoma is stated by him in the following terms, which, it is to be

lamented, are but too applicable to modern experience in these unfortunate cases:—"Tolli nihil, nisi cacoethes, potest: reliqua curationibus irritantur; et quo major vis adhibita est, eo magis. Quidam usi sunt medicamentis adurentibus; quidam ferro adusserunt; quidam scalpello exciderunt: neque ulla unquam medicina profecit: sed adusta, protinus, concitata sunt, et increverunt, donec occiderent; excisa, etiam post inductam cicatricem, tamen reverterunt, et causam mortis attulerunt." He afterwards goes on to point out the way by which the nature of the disease is to be discovered. "Discernere autem cacoethes, quod curationem recipit, a carcinomate, quod non recipit, nemo scire potest, nisi tempore et experimento. Ergo ubi primum id vitium notatum est, imponi debent medicamenta adurentia. Si levatur malum, minuanturque ejus indicia, procedere curatio potest et ad scalpellum, et ad ustionem: si protinus irritatum est, scire licet, jam carcinoma esse; removendaque sunt omnia acria, omnia vehementia."—Lib. v. c. 28. What the "medicamenta adurentia" are he himself has declared in another place: "Adurunt auripigmentum, atramentum sutorium, chalcitis, ærugo, calx, sæx combusta, sandaracha," &c.—Lib. v. c. 8. It may be proper to explain briefly the nature of these sub-

stances. The *auripigmentum* was orpiment, or the yellow sulphuret of arsenic. The *sandaracha* was realgar, or the red sulphuret of the same. The *atramentum sutorium* was a solution of the sulphate of copper. The *chalcitis* and *misy* were two substances nearly allied to one another, and there is reason to believe that both resembled blue vitriol,—at least it is certain that both were formed from copper, and possessed caustic properties. The ancient *ærugeo* was much the same as the modern verdigris. The *fæx usta* was certainly a preparation of potass. These are the medicines from which Celsus directs to make the first application to the cacoethes or malignant ulcer. Arsenic, it will be remarked, stands foremost in the list. When these fail he recommends to have recourse to the knife or the actual cautery. In fact, the medicines we have been treating of were considered by the ancient physicians to resemble very much in operation the effect of the cautery. Galen, treating of the cacoethes, says, “Chalcitis, misy, arsenic, and sandarach, burn like fire; and often when these are not successful we have recourse to fire itself.”—*Therap. ad Glau.* Lib. ii. From their property of occasioning the formation of sloughs they were generally called septic.

But although we have mentioned Celsus first among the ancient authorities on this subject, because his statement of the distinction between the cacoethes and the carcinoma is particularly striking, it must not be forgotten that Hippocrates has the merit of having pointed out the principles upon which all indolent ulcers of this class are to be cured. “Diseases of long standing,” he says, “are more difficult to cure than recent ones; but

such as are of long standing ought in the first place to be brought into the state of recent ones. When, therefore, an ulcer becomes callous, its indurated edges are first to be removed by septic applications, and then dressings of an astringent nature are to be used.”—*De locis in homine*. The simple principle of treatment here laid down is of the most extensive application, inso-much, that, with the exception of the genuine carcinoma, and those cases in which the constitution is particularly unsound, there is scarcely any ulcer which may not be healed in this way; and even the sores generally accounted cancerous may often be removed by this method more effectually than by the knife. Hippocrates was likewise not inattentive to the constitutional treatment. He states, that malignant ulcers, especially those on the head, are benefited by the use of emetics and purgatives. It must be clear to every one who is familiar with the physiology of the Father of Medicine, that his intention in recommending this treatment was partly in order to produce revulsion from the head, and partly to rectify the state of the *primæ viæ*, by which the system is supplied with nutritive juices. In the ancient practice of physic much greater attention was paid to the condition and distribution of the animal fluids than is done at the present day. But for a full account of this part of the treatment we must refer to Aëtius, who has enlarged upon it with such ingenuity and acuteness, that, I will be bold to affirm, although the modern masters of the art may have multiplied the number of remedial means, they have not improved upon the principles laid down by him for rectifying the disorder of the constitution. He re-

commends to consider attentively the habit and temperament of the patient, and to apply the suitable remedies accordingly. Thus, he says, when there is a fulness of blood venesection ought to be had recourse to; when the constitution is loaded with impure chyle he is either to be bled or purged; and if the liver or spleen appear to have given rise to the disease, their state is to be attended to and corrected. It appears to me that there is nothing in the ingenious observations of Mr. Abernethy on the constitutional treatment of ulcers, which in principle is more sound and important than these rules of Aëtius. It will be remarked, that the state of the liver is particularly adverted to as deserving of attention in conducting the cure of malignant ulcers. There can be no doubt that attention to the condition of the liver in these cases was suggested by the physiological doctrine that this viscus is concerned in the function of sanguification, and that the bile is the excrementitious part of the blood. This opinion, although, I believe, not generally entertained by physiologists in this country, was lately advocated in Germany by the learned Professors Tiedemann and Gmelin. Of all the hypotheses which have been advanced in ancient and modern times respecting the use of the spleen, there is none more plausible than that which is maintained by Aristotle, namely, that it forms a part of the hepatic system.—See *De partibus Animalium*, Lib. iii. c. 7.

The Arabian authors, in treating of the malignant ulcer, display a thorough acquaintance with the principles of their Grecian masters, but do not suggest any improvement of practice. I need only mention with regard to them that

Avicenna and Rhases are particularly full upon this subject, and that their treatment consists in first correcting the constitutional derangement, and then effecting the removal of the diseased parts by septic medicines, such as flowers of copper, copperas, arsenic, quicklime, and the like.—See Avicenna, Lib. iv. Fen. 4, Tr. 3, and Rhases, *Continens*, Lib. xxviii.

Having thus given an outline of the ancient method of treating these diseases, I will now briefly state the result of my own personal experience, which I will illustrate with the history of a case that came under my observation lately. If there be any other rule by which the cacoethes may be distinguished from the carcinoma besides the “tempus et experimentum,” as stated by Celsus, it is by attending to the symptoms of constitutional derangement, by which the latter is generally accompanied. It seldom or never happens that the genuine carcinoma is met with but in broken down and cachectic constitutions, as indicated by sallowness of the skin, extreme torpor, and a cadaverous expression of countenance; and hence I am inclined to believe, that the local affection never takes place until the general system has become deranged. In the cacoethes, on the other hand, the constitutional derangement generally does not assume any fixed invariable character, but rather resembles what has not improperly been called a cacoehymy than that state which we have mentioned as being characteristic of the carcinomatous diathesis. It seldom happens, likewise, that the cacoethes is attended with the acute darting pain of the other; and although, when allowed to continue its course uninterrupted, it uniformly goes on increasing the

extent of its ravages upon the adjoining parts, it is very rare, that, like the other, it occasions swelling and induration of the lymphatic glands at a distance from the seat of the disease. The most intractable cases of cacoethes which I have met with have begun at the inner angle of the eyelids, when I have generally found it impossible to make the proper applications effectually, on account of its vicinity to the ball of the eye.

I have varied the constitutional treatment, according to circumstances. When I remarked any tendency to congestion of blood in the head, I have always had recourse to local depletion; but have never abstracted blood from the general system. In almost every case I have put a seton into the nape of the neck when the ulcer was nearly healed. When I have had it in my power to regulate the diet exactly to my wish, (but this is seldom the case, for I have seldom met with the disease except among the lower ranks of society,) I have generally directed that the food should be somewhat restricted in quantity, but wholesome and nutritive. By a proper attention to regimen, I have found that the derangement of the digestive function can in general be more effectually remedied than by medicines; and yet, in a few cases, I have administered small doses of mercurial alteratives with this intention. At one time, I was in the practice of giving the arseniate of potass internally; but in no one instance did I ever remark that any decided amendment resulted from the use of it. The administration of it in this disease seems to be purely empirical; for I have never seen pointed out what is the peculiar disorder of the general health which it is calculated

to remedy; and I repeat that the constitutional derangement in the cacoethes is not marked by any one fixed character. As to the external applications, I have no hesitation in saying, after the most ample experience, that my principal dependence is placed in the septic medicines recommended by Hippocrates and Celsus. Of these arsenic is unquestionably the most efficacious. I have used it generally, either in the form of a powder, combined with some of the other articles of the same class, such as the sulphate of copper and quicklime; or mixed up with some simple salve. As it has little or no action upon the unabraded cuticle, I have found it necessary, when applying it to parts which were covered with cuticle, to add to it a certain proportion of the powder or ointment of cantharides. To solutions of arsenic I in general am wholly averse, partly because they are too weak to act sufficiently upon the hard indolent edges and granulations of the ulcer, and also because in that state the danger of absorption must be greatly increased. I speak thus, however, solely from acknowledged toxicological principles, and not from personal observation; for, after having used these medicines pretty extensively for a good many years in the treatment of malignant and indolent ulcers, I can positively declare, that never in any one instance have I observed any unpleasant effects from the absorption of them. Indeed, in the diseased state of the parts to which I have applied them, it is not at all probable that the absorbent powers can be very active. In a few cases I have applied the actual cautery; but, except that the extent of its operation can be better regulated than that of the septic medicines,

it does not seem to possess any decided superiority over them.

II.

ON SPINAL IRRITATION. BY DR. CORRIGAN.

IN a clinical lecture delivered at the Charitable Infirmary, in Dublin, and published in our weekly contemporary, the *Lancet*, we find some interesting cases, with observations, of spinal irritation, which we here propose to notice.

Dr. C. prefaces his observations on spinal irritation by remarking that morbid anatomy cannot be expected to throw much light on our investigations here, since the disease, though distressing, is seldom fatal—and since diseases of the nervous system do not always leave any visible trace of their existence, when death ensues.

“It fortunately, however, happens, that we have other means than those afforded by morbid anatomy, for ascertaining the seat of the disease, and by which we can, even during life, trace most distinctly the connecting link between cause and effect, or, in other words, between the diseased action and its symptoms. If we meet a patient complaining of *hermicrania*, or of pains in the neck and face resembling *tic douloureux*, and find we can produce or aggravate these distressing symptoms by pressure on the cervical vertebræ;—if we find another complaining of fits, of suffocative breathing, palpitation of the heart, and distressing sense of weight behind the sternum, and that we bring on, or aggravate, these symptoms by pressing on the dorsal vertebræ:—if we find another complaining of pains in the epigastrium and both hypochondria and globus

hystericus, and of flatulent distention of the stomach, and that we can at any time bring on or aggravate all these by pressure on the lowest dorsal vertebræ;—if we find pains complained of in different parts of the body, in the right or left mamma, right or left hypochondrium, or in varied parts of the abdomen, and that pressure on the part of the spine generally corresponding in situation to the seat of the pain, aggravates the pain, or produces it if previously absent;—if we find, moreover, that local applications over the spine remove the distant symptoms or pains, not relieved by any other mode of treatment;—the fair inference from all this surely is, that the seat of disease is within the spine, and the connexion between the symptoms and the disease, between cause and effect, is, in such cases, more clearly exposed before us, than when even after death from acute disease, the knife of the pathologist exhibits to us some important lesion of structure, of which, rigidly speaking, the most we could say is, that it was probably the cause of the symptoms during life.”

CASE I. This was a man, aged 27 years, a coach-painter, who was admitted on the 27th February into the Charitable Infirmary, complaining of flatulence, pain and tightness in the head and at the scrobiculus cordis, pallor and anxiety of countenance. The tongue was clean, pulse 90, respiration a little increased.

“There is pain along the course of the supra-orbital nerve of the left side. His sight is weak, and he cannot raise his eyes to any object above him, without experiencing pain and giddiness of the head. He is frequently attacked by ‘glo-

bus hystericus.' He describes it as 'a ball of some kind' arising in his stomach, and ascending to his throat, where he feels it choking him; he also frequently experiences a sensation of tightness across the chest, which often prevents him from speaking when he wishes to do so. For the last two days he has had pain along the calf of the left leg, and weakness across his loins. His appetite is not impaired, but strength is much diminished. He has frequent pains across the epigastrium and both hypochondria, his nights are restless, and he starts often from his sleep, aroused by terrifying dreams; there is slight cough; epigastrium and both hypochondria are very tender under pressure, and pressure on the epigastrium produces instant cough and difficulty of respiration. The result of pressure along the spinal column is as follows:—pressure on any of the cervical vertebræ produces pain and lightness of the head; on the superior dorsal, produces tightness in the chest; on the inferior dorsal and first lumbar, produces pain at the scrobiculus cordis, flushing of the face, perspiration, and violent eructation of wind from the stomach; lower down produces no effect."

The patient was treated in a very simple manner. Rest, aloetic or oily purgatives; cupping, leeching, and blistering the spine, with the application of antimonial ointment, constituted the whole of the treatment, and the man was discharged cured on the 4th of April, or about 50 days from the time of his reception.

Without casting the shadow of a doubt on the facts of the above case, we cannot help expressing a little scepticism as to the inferred pathology of the disease. We

have seen so many cases, especially in the female sex, where the above anomalous phenomena have presented themselves, but where the result disproved the cause to be spinal irritation, that we look on Dr. C.'s case with some distrust. The fact, however, is indisputable, that, in these cases, pressure on the spine often causes effects which are almost inconceivable. In the case of a young lady whom we have attended for some years, we were surprised to find that pressure on the two or three superior dorsal vertebræ produced convulsive motions of the lower extremities, and even of the abdominal muscles. We thought we had discovered a key to the host of nervous and hysterical symptoms with which this lady was harassed; but we were deceived. Horizontal posture, leeches, blisters, antimonial plasters, produced not the slightest relief, but rather aggravated the complaint. We afterwards found that a far less degree of pressure a little to the left of the epigastrium induced the same convulsive action of the muscles, as pressure on the spine—and even in a much higher degree. These phenomena are almost inscrutable. That they are referable to the nervous system, we have no doubt; but that "SPINAL IRRITATION" conveys a true idea of their nature or seat, we are disposed to deny. And as to the *cause*, it will probably lead us astray. In the case to which we have just alluded, the presence of food, more especially any food of difficult digestion, in the stomach, produced not only twitchings of various muscles, but a strong disposition to *suicide*. So dreadful were the "mental impressions," (the term applied by the patient,) that she nearly put an end to her own existence by starvation,

to avoid the horrible feelings produced by food in the stomach ! It is a curious fact, but one worth recording, that the medicine which was most operative in preventing these mental impressions, was five grains of the hydrargyrum cum creta, taken an hour before dinner.

The unhappy patient has often declared that, without the "grey powder," she had rather die than take food at dinner ! We shall here introduce two or three other cases detailed by Dr. Corrigan.

CASE II. The patient was a lady who, after her first confinement, suffered for several months from great weakness. When I saw her, about five months after her confinement, she complained of severe cough, difficult expectoration, and distressing sense of suffocation ; these symptoms, particularly the last, much increased in the evening. There were constant pains in both hypochondria, in the epigastrium, and behind the lower third of the sternum. These pains were not increased by full inspiration, and only in scattered points of the right hypochondrium by pressure. Pressure on the last dorsal vertebra aggravated them. Leeches were applied to the spine, and a recumbent posture was enjoined. On the next day she was much relieved of all her symptoms, and on the day following felt so very well, that she left the bed ; and now the disease showed one of its most striking characters, viz. its connexion with change of posture. The exertion of dressing brought back all the symptoms in minor degree, although previous to rising from bed no trace of the disease was observable. They again disappeared after short rest in a recumbent posture on a sofa. Rest was

again enjoined, and the improvement again proceeded rapidly, convalescence being only interrupted by a walk a little too long, which, like the exertion of dressing already alluded to, produced a temporary aggravation of the symptoms.

CASE III. The patient, a gentleman of about thirty-five years of age, complained of distressing paroxysms, which came on frequently in the course of each day, and often without any apparent immediate cause. The paroxysms commenced with a sensation of great distress, referred to some internal part behind the inferior third of the sternum, and rising from it upwards to the head ; his eyes filled with tears, he became incapable of speaking, and his mental agony during the continuance of the fit was extreme. The paroxysm did not last more than a few minutes, and was then terminated by one or two heavy long-drawn sighs. The clapping of a door, an unexpected meeting with an acquaintance, or any similar trivial cause, was sufficient to bring it on. It seemed as if, in this case, the sympathetic ganglion, to which some refer the seat of the passions, was engaged, for pressure on the epigastrium was immediately followed by all the distressing symptoms already described. The third, fourth, and fifth dorsal vertebrae were tender, and pressure on them was attended by the same effects. A towel was dipped in warm water and passed slowly down the spine. The moment it came over the tender vertebrae, the same results followed as from pressure. The history of the case was this : About twelve months before, this gentleman suffered under much anxiety of mind from a weight of business ; then, for the first time,

he felt the sensations described, which never up to the time of my visit quitted him. The same treatment was prescribed as for the other cases.

CASE IV. A lady, aged 50, came to town for advice with the following symptoms :—She felt severe pain about the umbilicus, and in the left lumbar region ; this pain was always brought on, or greatly aggravated, by taking food ; relief was obtained after a meal by lying down, and the pain which remained present during the day always ceased soon after retiring to bed at night ; the abdomen was soft, and the digestive functions well performed ; the spine had two lateral curvatures ; there was a little tenderness, under pressure, of the two last lumbar vertebræ, but pressure on them did not bring on the pain of side. The history of the case was this : having previously suffered under great depression of spirits, consequent on the death of several of her children, this lady first felt, about three months before, some uneasy sensations about her shoulders, which obliged her to rest her back when knitting or sewing. These were followed by pain in the region of the liver, extending into the right hip, and, finally, all seemed to concentrate themselves in the intense pain of the left side already described. For the pain in the region of the liver she had been put under a course of mercury, and finally, from a fear that malignant disease of the stomach, or some of the organs in its immediate vicinity, was setting in, she was put on hemlock, and repeated blistering was ordered over the seat of the pain. All these measures failed to give relief. The first circumstance that made me look upon this case as one of spinal

irritation, was the remarkable effect of posture. Moreover, there was not fever, nor wasting, in proportion to the intensity or the duration of the pain. Leeches were applied to the spine, and afterwards counter-irritation was kept up by tartar-emetic ointment. Two grains of sulphate of iron were at the same time ordered as a tonic, three times a day, and her bowels were kept open by Rufus's pill. Rest was of course enjoined for a few days. From that time up to the present, and several months have elapsed, there has not been a return of the pain in the slightest degree.

Our readers will form their own conclusions, as to the above cases, which are, however, very interesting, whatever theory may be employed for their explanation. For our own parts, we are much more disposed to attribute the phenomena to irritation of the ganglionic nerves, as distributed on the different viscera, than to spinal irritation. We advise Dr. Corrigan to prosecute the inquiry, and to attend to the state of the digestive organs, and of the uterine system, in females, when he will probably be led to suspect the cause, if not the seat of the disease, in other parts besides the spine.—*Med.-Chir. Rev.*

III.

DYSENTERIC DIARRHŒA AND • CHOLERA.

By JOHN BURNES, M.D., Physician to the
Public Dispensary, Chancery Lane.

A DISORDER consisting of a looseness of the bowels, with torminous dysenteric pains, and which I have therefore called a dysenteric diarrhœa, showed itself in the district of the Dispensary, Chancery Lane, in the month of May, 1830 ; after

which it prevailed epidemically through July, August, and September, and has continued in a sporadic manner during the winter up to the present time, June, 1831, when the number of cases has again begun to increase. With it have occurred also some cases of cholera of a severe description, one of which proved fatal in fifteen hours, and from the near relation which the symptoms of these cases of cholera, and particularly which the appearances on dissection of the fatal case, bore to the cholera that has ravaged and is ravaging the continent, I am constrained to believe that it and the dysenteric diarrhœa were brought into existence by the same influence which has given rise to the cholera in Russia. Moreover, I cannot but regard the dysenteric diarrhœa and the cholera as modifications of the same disease, the stomach not sympathizing in the former, because the same condition of the constitution was common to both, the body being evidently under the influence of some cause which depressed the vital powers; and so exactly did the symptoms of the two diseases accord, that betwixt the worst cases of the dysenteric diarrhœa, and the less severe cases of cholera, there was only the difference between nausea, which was often present in the former, and vomiting, which was peculiar to the cholera. So in the recent influenza, the depression of the vital powers has, in the generality of cases, been a prominent feature; and the continued fever which has prevailed to a very unusual extent for the last eighteen months, has manifested a character particularly adynamic. This prevalence of adynamic fever, influenza, dysenteric diarrhœa, and cholera, reminds me strongly of the cotemporaneous

prevalence of these same disorders in the time of Sydenham, from the year 1675 to 1679.

The dysenteric diarrhœa varies much in degree, as well as in the form of the attack; many cases being slight, and unaccompanied by disorder of the system, while others are severe, and preceded by general indisposition for several days. In the milder cases, patients are at once attacked with pinching pains in the bowels, which are followed by a looseness and more or less tenesmus. The severer are preceded by a marked indisposition for several days; the patients experience great languor of mind and body, feel sleepy and heavy, and have a severe though indescribable pain in the head: the appetite declines and nausea supervenes, attended with great thirst and a sense of dryness and roughness of the tongue; to all of which is added, a feverishness at night. Then comes the ventral disorder, characterised by severe torminous pains in the bowels, remitting and recurring in rapid succession, and followed up by frequent dejections, copious and feculent at first, then thin, acrid, and slimy, giving rise to an urgent and constant tenesmus, which will not allow the patient to leave the closet. These ventral pains, although remitting, and not protracted, are severe and acute, and excite an instant flush of heat and perspiration over the body, the sweat standing in drops upon the face, which quickly passing away, leave the body chilly.

Very similar to this severe degree of dysenteric diarrhœa, is the attack of cholera, it being preceded by indisposition of the same character for two or three days; and, indeed, the disease when formed, presents the same ventral symptoms,

with the addition of vomiting. Thus patients affected with cholera complain of having been unwell for two or three days prior to the attack ; of having found themselves indolent, their strength and appetite failing, their temper become irritable, the head to be painful, and their nights restless. The cholera now supervenes, marked by tortuous pains in the bowels, quickly succeeded by urgent vomiting, purging, and tenesmus, and the urine, as well as the dejections, are in some instances bloody.

The treatment of the cases of cholera, as well as of the dysenteric diarrhœa, though simple, has been uniformly successful, giving speedy relief, and arresting and curing the disorder without one instance of failure, the subject of the fatal case of cholera having died without medical assistance. The treatment has been directed on the principle of allaying irritation, and at the same time of carrying off the offending matter from the bowels, which object has been accomplished by the use of the Tincture of Opium, Castor Oil, and Magnesia, administered in proportions adapted to the exigency of the case, as indicated by the degree of pain, of irritability of the stomach, and of looseness of the bowels. The Tincture of Opium has been given in conjunction with the Oil, the dose of the tincture varying from six to ten drops, and of the Oil from one to three drachms ; after which, in the course of twelve or fifteen hours, the magnesia has been prescribed in the proportion of fifteen grains, twice or thrice a-day. The effect of the oil and laudanum is the allaying the pain and tranquillizing the irritability of the stomach and bowels ; for the purging, instead of being aggravat-

ed, is allayed, no evacuation taking place for six, eight, or twelve hours, when the operation of the oil carries off the offending matter by one or two rather copious dejections.

If the dysenteric diarrhœa is left to itself, it is disposed to continue rather than to subside, with this difference, in addition, that the strength becomes exhausted, and the sympathetic disturbance of the constitution amounts to an irregular, though slight febrile movement. Hence many of the patients who have not been under medical treatment had been already ill from seven to ten days before they applied for assistance.

Where, instead of the soothing measures above described, the dysenteric diarrhœa has been treated by acrid medicines, as by emetics and by calomel, the disease, the nature of which is in the first instance purely irritation, is at once aggravated to a muco-enteritis, and much suffering and a protracted illness is the consequence, as I have had the opportunity of knowing from cases which have come within my own observation.

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THE NEW QUARANTINE LAW.

THERE are three avenues, as we apprehend, through which there is more or less reason to dread the approach of cholera. The first is contagion, in a proper sense, or the communication of the disease from persons brought here sick, or seized on their arrival, to others previously in health. It is this danger, against which a port regulation would tend principally to guard us. It may be well, there-

fore, to consider the degree of this hazard, in order to estimate the value of the security.

The longest period during which the disease has been known to remain dormant in those leaving an infected district for another which was healthy, is about three weeks. This limit we obtain from facts observed at the time of the prevalence of cholera in Orenburg, when persons frequently emigrated to the adjacent towns and were there attacked by the disease. This period falls so far short of the usual duration of a voyage from the Baltic to our ports, that it seems to put out of the question the possibility of any one bringing the disease here in embryo to be developed after his arrival. But this is not so. A person may contract the disease at St. Petersburg, be taken down with it on the voyage to this country, and convey the contagion (always *supposing* the existence of such contagion) to others on board the ship, who might thus, after a very long voyage even, bring the seeds of the disease to this port, here to be developed, and thus spread abroad this devastating malady. If brought here then at all, it must be so by those who have contracted the disease on the voyage.

If the assertions respecting the non-contagious character of cholera are well founded, there is of course little reason to apprehend the arrival of many subjects under these circumstances. We are not aware that even in vessels arriving at English ports from the North of Europe, has any cholera been actually raging on their arrival; and by a much stronger reason it would appear improbable

that it should be conveyed in like manner to our own shores. Should such an event happen, however, and should a vessel arrive here from St. Petersburg, having cholera on board, or in which a case of the disease had occurred during the voyage, we think the imposition of a quarantine, the detention of all on board, and the removal of the sick, if such there be, to a hospital, to be steps which in every view of the subject would be imperatively demanded. No very long space of time would be requisite to determine whether the disease was about to break out or make further progress, and the detention of the vessel, or all on board, until this point was settled, would be a measure of the most obvious policy. In the case of a vessel in which cholera had occurred on her passage, but in which there were no cases at the time of her arrival, the course pursued by the intelligent physician at the Island would no doubt, as it ought, lean to the side of prudence and caution; and he would owe it to the safety of his fellow citizens to be a contagionist in practice, whatever doubts he might entertain of the theory. To determine the limit of prudence in this case is not at present our concern; it is sufficient to observe, that a vigilant use of the authority thus placed in his hands, after a careful examination of all facts now before the world, will enable this officer to avert the danger which is to be apprehended from this source, at the same time that it furnishes him with an admirable opportunity of investigating this perplexing and difficult subject.

We come next to the second mode

in which the disease under consideration may possibly be conveyed, viz. by substances of animal or vegetable character brought from an infected district. Before considering what will be the probable effect of a quarantine law upon the danger to be apprehended from this source, it may be well to pass in review some facts which go to show what is the amount of the danger itself. At the time when cholera first showed itself in Orenburg, between which and the interior of Persia an intercourse of trade is maintained by means of caravans, the question naturally arose what degree of agency the goods thus conveyed had in communicating cholera from the interior of Asia to Russia. It appeared that about a month previous to the breaking out of the disease, a company of merchants, with the usual articles of trade, had arrived at Orenburg, and that the goods were there unpacked and distributed. So far appeared to favor the idea that the disease was conveyed by this channel. On the other hand, however, it appeared that not one of the caravan itself on their long route, exposed as they were to the influence of this source of contagion, had been attacked with cholera. It also appeared that it had become necessary, in compliance with certain regulations, to open and repack the goods in question. So on the one hand the company had been fairly exposed to the contagion if any existed, and on the other the articles themselves were sufficiently opened to receive entire and thorough ventilation. The other sources of information as to the degree of dan-

ger to be apprehended from this cause, are equally unproductive of any positive information; and it may be regarded as still undetermined, whether goods of any description whatever, shipped from a country in which cholera prevails, can convey the disease to a healthy port. If the impossibility of this mode of conveyance be admitted, it is useless to consider the subject farther. If on the contrary we admit this to be a source of contagion, the peculiar character of the goods usually brought us from the ports in question, and their liability to putrefactive fermentation, are circumstances well worthy of attentive consideration. It is also worth remark, that in order to make any quarantine effective in regard to this source of contagion, it is necessary that the goods suspected of conveying it be removed and exposed to atmospheric agency; and to what extent it would be possible to carry this into operation, is a question the answer to which would materially influence our estimate of the benefit to be derived from the restriction proposed.

As respects the third mode of communication, viz. by atmospheric influence, or a proper infection, its *modus operandi* is involved in so much obscurity as scarcely to admit of any precise reasoning. It is evident, however, that if this be in reality the mode in which cholera is propagated from one country to another, the precautions now proposed will have no effect in arresting or excluding it. As was observed by one of the non-contagious writers abroad, the idea of keeping out infection by physical barriers, by preventing in-

tercourse with the inhabitants of the diseased district, is in every view preposterous. It were as wise to blockade a harbor against the wind, as to shut it up to a pestilence which poisons the very fluid we breathe. Unless the inhabitants of the place in question can be interdicted from performing the function of respiration for a certain time, till the season of danger has passed by, it is in vain that any precautions are adopted to protect them against its ravages. Such is the language of many whose opinions are founded on what appears to them conclusive, and must by all be confessed to be very specious reasoning. Practice, however, cannot always be safely regulated by what seems just in speculation; and were the probability of the disease being contagious much less than it is, it would still be fairly worth considering, whether the removal of a probable or even possible source of danger to our whole population, were not worth a temporary inconvenience to a few individuals.

On the whole, then, we conclude by expressing our sense of the prudence and good judgment which have dictated the present regulation, and our confidence that in discharging the weighty responsibility of carrying it into execution, our Quarantine Physician will exhibit that union of firmness in duty and regard to the interest of others, which have always marked his proceedings in the discharge of the various and important functions of his office.

DESPATCHES FROM DR. RUSSEL
AND DR. BARRY.

THE London Medical Gazette of July 16th remarks that "Dr. Russel and Dr. Barry, who had proceeded to St. Petersburg for the purpose of obtaining the necessary authority to secure the facilities at Riga requisite for the objects of their mission, finding that cholera had made its appearance in the Russian capital, have judged it advisable to remain there, in order to watch the disease in a situation where they have an opportunity of witnessing its commencement as well as its progressive stages. The despatch was written so soon after their arrival, however, and the breaking out of the malady had been so recent, that time did not serve for more than identifying the cholera which prevailed on the shores of the Baltic with that which has been of late years the scourge of Hindostan. This identity was at once recognized by Dr. Russel, to whom the cholera of India was familiar. Little, if any doubt, can be said to have existed on this point: still it is satisfactory to have the general opinion confirmed by one who has been an eye-witness of the disease in its two very different and distant localities. The only circumstance worthy of notice, in addition to those we have previously mentioned, is one pointed out by Dr. Russel—namely, the peculiar and characteristic sensation communicated by the tongue of the patient on applying the finger to it. In appearance it is at first but little altered, yet even then it feels cold, and

supervened in consequence, and all the alarming symptoms disappeared.

M. Westerhoff now thought himself justifiable in supposing that this poisoning might be the effect of bread altered by the *mucor mucedo*.

Influence of Atmospheric Electricity on the Eyes.—We see peculiar appearances in weak and morbidly sensitive eyes, before the breaking out of a violent storm, showing the positive influence of an atmosphere which has now attained its maximum of electricity; and I am acquainted with several persons who are able, from a certain premonitory feeling of their weak eyes, to predict a

thunder-storm infallibly, a considerable time beforehand. As every experienced oculist is convinced of the bad effects of an atmosphere of this kind, he will never extract the cataract during the approach of a thunder-storm.—*BEER, Lehre von den Augenkrankheiten, 72.*

Whole number of deaths in Boston the week ending Aug. 26th, 26. Males, 15—Females, 11. Stillborn, 1.

Unknown, 1—drinking cold water, 1—infantile, 3—accidental, 1—cholera, 2—cancer, 1—typhous fever, 2—dropsy on the brain, 2—brain fever, 2—convulsions, 1—consumption, 3—inflammation in the bowels, 1—throat distemper, 1—hooping cough, 2—scarlet fever, 1—cholera infantum, 1—child-bed, 1.

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